

# ERGONOMICS EVALUATION REQUEST FORM



**DIRECTIONS: IF YOU SUSPECT A CONCERN WITH YOUR WORKSTATION THAT IS IMPACTING YOUR WORK COMFORT AND PRODUCTIVITY, COMPLETE THIS FORM AND SUBMIT IT TO YOUR SUPERVISOR AND THE ERGONOMICS MANAGER, ALISON HELLER-ONO BY FAX 751-9597 OR EMAIL TO [HELLERA@CO.MONTEREY.CA.US](mailto:HELLERA@CO.MONTEREY.CA.US). ALLOW UP TO 7 WORKDAYS TO PROCESS YOUR REQUEST.**

**DATE OF REQUEST:** \_\_\_\_\_

<b>NAME:</b>	<b>PHYSICAL ADDRESS:</b>
<b>JOB TITLE:</b>	<b>PHONE:</b>
<b>DEPARTMENT:</b>	<b>SUPERVISOR:</b>

**REASON FOR REQUESTING ERGONOMIC EVALUATION (CHECK ALL THAT APPLY):**

- 1. EMPLOYEE CONCERN ABOUT WORKSTATION SET UP
- 2. EMPLOYEE CONCERN WITH PHYSICAL DISCOMFORT  EXISTING WC CLAIM
- 3. NEW OR REVISED PROCESS, PROCEDURE OR TASK
- 4. NEW EMPLOYEE OR NEW WORKSTATION
- 5. SAFETY CONCERN

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUPERVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

***NOTE: SHOULD YOU HAVE A WORKERS' COMPENSATION CLAIM AND FEEL YOU NEED AN ERGONOMIC EVALUATION, YOU MAY OBTAIN A PRESCRIPTION FROM YOUR DOCTOR AND FAX TO THE ERGONOMICS MANAGER 831-751-9597.***

**FOR ERGONOMICS MANAGER USE ONLY:**

SELF ASSESSMENT SENT \_\_\_\_\_ COMPLETED \_\_\_\_\_ ASSIGNED LEVEL I  LEVEL II  LEVEL III

EVALUATION SCHEDULED \_\_\_\_\_ EVALUATOR \_\_\_\_\_

OTHER: \_\_\_\_\_